



Advancing Health
Through the Generations

Fiscal Year 2005 Annual Report

Iowa Communications Network Videoconferencing

This report is prepared pursuant to Iowa Code, Chapter 8D.10

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A. System Summary

The Iowa Department of Public Health (IDPH) uses videoconferencing via the Iowa Communications Network (ICN) as a vital connection to public health workers, other government departments, and the general public. It is perhaps the most convenient and accessible form of communication between IDPH and its partners.

Approximately 380 sessions totaling 720.16 hours were conducted from the IDPH ICN room located at the Lucas State Office Building. This included utilization by IDPH staff and external organizations.

The ICN system is a valuable resource to IDPH as well as the public. Not only does it quickly connect people in a time of need; it is also a great tool for educating the public health work force and partnering with our constituents.

The ability for IDPH to use the ICN for videoconferences to brief local public health staff and health care providers about issues such as West Nile virus, and smallpox has been especially valuable.

IDPH uses the ICN to connect the partners and downlinks several broadcasts. Approximately 14 programs were down linked and transmitted via the ICN system during SFY '05. Many of these programs were sponsored by the Centers for Disease Control and Prevention (CDC), and allowed for the health professionals in Iowa to be connected with public health experts from across the nation.

The accessibility of educational programs offered by other states and agencies via satellites by the public health professionals in Iowa is essential to maintaining a knowledgeable public health work force and assisting with the overall success of IDPH. Satellite broadcasts are also an economical means for quickly sharing education and information. IDPH is fortunate to have the ability to continue the sharing process by transmitting the broadcasts to remote sites across the state by using the ICN system.

B. Benefits

Ten Essential Services of Public Health

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems.

Source:
Public Health Functions Steering
Committee Members
(July 1995).

The ICN is the most accessible avenue for updating IDPH's constituents on important health issues. Thus, local agency staff, board members, and the public are more likely to participate on task forces or committees if the meetings are held over the ICN.

For the majority of Iowans, a two-hour meeting in a single location such as Des Moines requires almost a full day away from their regular work. Since this is not a feasible option for most people, opportunities to participate and help guide state policies and programs are forfeited.

The ICN has proven to be useful in other areas as well. Using the ICN for public hearings on proposed rules or grants has made them more convenient to interested parties throughout Iowa. In many cases, use of the ICN made it possible to hold training sessions that would probably not have occurred without the ICN. Additionally, participation in other training sessions was substantially increased because the sessions were offered locally to the majority of the participants over the ICN rather than only at a single distant site.

Utilization has impacted the IDPH's ability to meet the three core functions of public health: assessment, policy development, and assurance. Furthermore, the ICN is largely responsible for IDPH's capacity to address the ten essential services of public health.

The public hearings, meetings of state boards, committees and advisory councils help shape public health's ability to develop policies, and mobilize community partnerships, as well as inform, educate, and empower people about health issues.

The Center for Acute Disease Epidemiology routinely uses the ICN as a tool to monitor health status, identify community health problems, and to diagnose and investigate health problems and hazards in the community. Training activities via the ICN help assure a competent public health and personal health care workforce. Technical assistance via the ICN to IDPH contract agencies helps assure that public health is linking people to needed personal health services and assures the provision of health care when otherwise unavailable.

C. System Usage & Participant Feedback

The use of ICN videoconferencing has become an integral component of IDPH's operation. In SFY '05, 380 sessions were conducted from the Lucas State Office Building ICN room. Approximately 5,834 people attended at 1,073 sites. It is apparent that technology, such as the ICN system, has become an essential part of IDPH's infrastructure.

To ensure that every possible benefit from the ICN system is utilized, IDPH collects information during the year. This information is gathered via evaluations that are sent to the lead person who initiated the ICN event, as identified on the ICN reservation. Question categories include ICN event usages, alternate delivery options, participation rates, and repeat use of the ICN.

Evaluation comments illustrate benefits and cost savings.

"Without the availability of the ICN, three state staff would have been required to travel to multiple locations over the course of several days. Using the ICN saved considerable staff time and travel costs."

"Time is money!" and "The cost saving is key."

"Several ICN sites make the public hearing accessible to more lowans."

I. ICN Event Usage

The question from the ICN evaluation regarding ICN event usage asks, "If the ICN had not been used, would this event have occurred?" Respondents indicated their event was dependent upon being able to use the ICN as a delivery mode. It is believed those that indicated the event was not dependent on the using the ICN as the delivery modality, other means of communication would be used at a greater expense to IDPH.

II. Alternate Delivery Options

An additional question the ICN evaluation tool addressed was concerning alternate delivery options if the ICN was not available, but the meetings/training, etc. would still occur. Of the sessions that would still occur without the ICN, the alternate desired methods of delivery were requiring the public to travel to Des Moines and conference calls between necessary parties. Such methods of delivery often require more time and money for proper dissemination of information than if the ICN had been used.

III. Repeat Use of ICN

Ninety-seven percent of those completing the evaluation said they would use the ICN again for a similar purpose in the future.

D. Cost Savings

Of the 380 events, 25 evaluation respondents indicated their scheduled event would not have occurred if the ICN were not available. Had these events occurred physically at locations across the state, hundreds of in-person visits are estimated to teach the same number of people. If these in-person visits had occurred, IDPH would have had additional staff salary, travel and meal costs.

I. Billing Analysis and Cost Savings

A further review of the expenses incurred by IDPH illustrates that funds used to pay for ICN events primarily come from federal, outside or other sources. State funds were used for only 39 percent of the total ICN expenses.

Seventy percent of IDPH's budget is from federal or other outside sources. This is also the case for ICN event budgets. In fact, 60 percent of the ICN events were paid for by federal, outside or other funds.

The actual ICN line or room charge expense incurred by IDPH for state-only funds was \$123,708.

IDPH's cost savings using the ICN in FY '05 was \$395,895.24

F. Appendices

I. Assumptions and Formulas

Assumptions used in preparing the Iowa Department of Public Health report of use of Iowa Communications Network for videoconferencing in SFY 2005 include:

- a. If the meeting was not held over the ICN, the meeting would have been held at the originating site.
- b. At least one participant from each site would have traveled to the originating site.
- c. Distances are calculated site to site using State of Iowa maps and the most direct route. Mileage costs are .29 per mile. Individual distances for participants will not be calculated.
- d. Lost productivity is calculated using the average hourly rate and fringe for an IDPH employee for all participants at \$33.93.
- e. Sessions lasting more than six hours result in overnight lodging (\$45.00) and three meals for participants traveling more than 100 miles.
- f. Meal charges will be at the current allowable rate (\$23.00/day).
- g. ICN cost for FY2005 was \$15.50 per hour per site for state agency use of the Network.